

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION**

GENERAL MOTORS CORPORATION

**CASE NO: 2009-50026 (REG)
CHAPTER 11**

Debtor(s)

**NOTICE OF WITHDRAWAL OF CLAIM PURSUANT TO FEDERAL RULES
OF BANKRUPTCY PROCEDURE 3006**

[This pleading is filed by Doug Belden
Tax Collector of Hillsborough County, Florida]

PLEASE TAKE NOTICE that, pursuant to Rule 3006 of the Federal Rules
of Bankruptcy Procedure, The Hillsborough County, Florida Tax Collector hereby
withdraws claim number (s) **65961** previously filed in this matter.

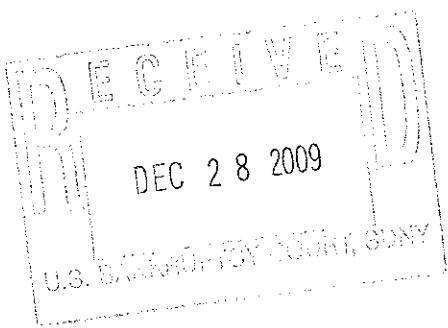
As reason therefore, Counsel hereby informs the court that taxes sought to be collected by the
Tax Collector's office has been paid in full.

Respectfully submitted,

/s/ Brian T. FitzGerald
Brian T. FitzGerald, Esquire

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing document has been furnished by U.S.
Mail or Electronic Filing to: HARVEY R MILLER STEPHEN KAROTKIN JOSEPH H
SMOLINSKY 767 FIFTH AVE NEW YORK NY 10153 on this 23RD day of
DECEMBER, 2009.



/s/ Brian T. FitzGerald
Brian T. FitzGerald, Esquire
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Tax Collector of Hillsborough
County, Florida

United States Bankruptcy Court		SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 2009-50026(REG)		FILED - 65961 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)
NOTE This form should not be used to make a claim for administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to U.S.C. § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Doug Belden, Hillsborough County Tax Collector		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim <small>Attach copy of statement giving particulars</small>		
Name and address where notices should be sent TAX COLLECTOR, Hillsborough County ATTN Doug Belden P O Box 172920 601 E Kennedy Blvd 14th Floor Tampa Florida 33672-2920		<input type="checkbox"/> Check box if you have never received any notices from the Bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
Telephone number (813) 635-5210 x5466 FAX (813) 612-6749				This space is for Court Use only
Account or other number by which creditor identifies debtor 49241 0000				Check here <input type="checkbox"/> Replaces If this claim <input checked="" type="checkbox"/> Amends A previously filed claim dated <u>Date Of First Claim</u> <u>JUNE 18, 2009</u>
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes (Florida Statute 197.122) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____		<input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ <input type="checkbox"/> Unpaid compensation for service performed from _____ to _____ <small>(date) (date)</small>		
2 Date debt was incurred <u>January 1, 2009</u>		3 If court judgment, date obtained <u>Date of Judgement (Delinquent Personal Property)</u>		
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed Unsecured Nonpriority Claim \$ _____				
<input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) non or only part of your claim is entitle to priority				
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claims Amount entitled to priority \$ _____		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other <input checked="" type="checkbox"/> Tangible Personal Property Value of Collateral \$ <u>488,470</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		
5 Total Amount of Claim at Time Case Filed \$ <u>9381.94</u> <u>(Unsecured)</u> <u>(Secured)</u> <u>(Priority)</u> <u>(Total)</u>		\$9381.94 This Space is for Court Use Only		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim				
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of funding accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary				
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim				
Date <u>November 18, 2009</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>/s/ Xiomara Gonzalez</i> Xiomara Gonzalez for Doug Belden Tax Collector		
Penalty for presenting fraudulent claim Fine of up to \$5000.00 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571				